

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	0419-015
	First Named Inventor	Pollard et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	Herewith
	Group Art Unit	N/A
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATED SAMPLE TRACKING AND GENERATION OF CORRESPONDING PRESCRIPTION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.55, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR 05 2001 11:19AM

MDeverywhere

(919) 484 NO. 788 P. 3

P. 2

04/04/2001 13:36

9195449738

DANIELS &amp; DANIELS, PA

PAGE 83


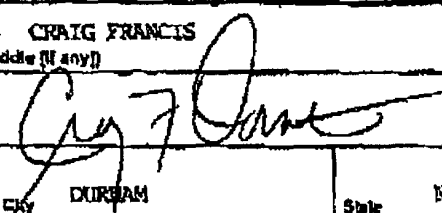
PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		26108		OR <input type="checkbox"/> Correspondence address below	
Name <b>Daniels &amp; Daniels, P.A.</b>					
Address <b>Post Office Drawer 12218</b>					
City <b>Research Triangle Park</b>		State <b>NC</b>		ZIP <b>27709-2218</b>	
Country <b>United States</b>		Telephone <b>(919) 544-5444</b>		Fax <b>(919) 544-5920</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>DANIEL IXON</b> (first and middle (if any))		Family Name <b>POLLARD</b> (last or surname)			
Inventor's Signature 		Date <b>4/4/01</b>			
Residence, City <b>DURHAM</b>		State <b>NC</b>		Country <b>USA</b> Citizenship <b>US</b>	
Mailing Address <b>111 Alumni Avenue</b>					
City <b>DURHAM</b>		State <b>NC</b>		ZIP <b>27713</b> Country <b>USA</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>CRAIG FRANCIS</b> (first and middle (if any))		Family Name <b>DONATUCCI</b> (last or surname)			
Inventor's Signature 		Date <b>4/5/01</b>			
Residence, City <b>DURHAM</b>		State <b>NC</b>		Country <b>USA</b> Citizenship <b>US</b>	
Mailing Address <b>5 Trafalgar Place</b>					
City <b>DURHAM</b>		State <b>NC</b>		ZIP <b>27707</b> Country <b>USA</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

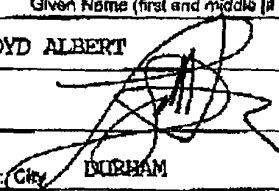

Approved for use through 10/31/2002. OMB 0951-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
LLOYD ALBERT		HEY	
Inventor's Signature 		Date 4/6/01	
Residence: City	DURHAM	State	NC
Country	USA	Citizenship	US
Mailing Address 26 Southampton Place			
Mailing Address			
City	DURHAM	State	NC
ZIP	27705	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PETER FRANKLIN		HEBERT, JR.	
Inventor's Signature 		Date 5-April-2001	
Residence: City	DURHAM	State	NC
Country	USA	Citizenship	US
Mailing Address 40191/2 N. Roxboro Road			
Mailing Address			
City	DURHAM	State	NC
ZIP	27704	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Pollard et al.
Title	Automated Sample Tracking and...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0419-015

I hereby appoint:

☒ Practitioners at Customer Number 
☒ Practitioner(s) named below:
Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Kevin E. Flynn	37,325
Caroline H. Rockafellow	36,552

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number 

OR

Place Customer  
Number Bar Code  
Label here
☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name Daniel Lyon Pollard

Signature 

Date 4-6-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR. 5. 2001 11:19AM

MDeverywhere

(919) 484-8622 P. 2 P. 3

04/04/2001 13:36

9195449736

DANIELS &amp; DANIELS, PA

PAGE 06

Please type a plus sign (+) inside this box → 

PTO/SB/01 (7-2001)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Pollard et al.
Title	Automated Sample Tracking and...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0479-015

I hereby appoint:

☒ Practitioners at Customer Number

76108

Place Customer  
Number Bar Code  
Label here☒ Practitioner(s) named below:

Name	Registration Number
Kevin E. Flynn	37,376
Caroline H. Rockafellow	36,552

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer  
Number Bar Code  
Label here☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

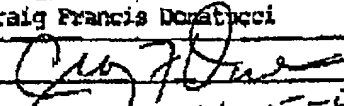
Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/58).


**SIGNATURE of Applicant or Assignee of Record**

Name	Craig Francis Donatucci
Signature	
Date	4-5-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

Burdick Mail Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the format of this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Pollard et al.
Title	Automated Sample Tracking and...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0419-015

I hereby appoint:

☒ Practitioners at Customer Number

26108

Place Customer  
Number Bar Code  
Label hereOR  
☒ Practitioner(s) named below:

Name	Registration Number
Kevin E. Flynn	37,325
Caroline H. Rockafellow	36,552

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name Lloyd Albert Hey

Signature 

Date 4/6/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →


 PTO/SB/81 (02-01)  
 Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unassigned
Filing Date	Harowitz
First Named Inventor	Pollard et al.
Title	Automated Sample Tracking and...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0419-015

I hereby appoint:

☒ Practitioners at Customer Number

26108

 Place Customer  
 Number Bar Code  
 Label here

☒ Practitioner(s) named below:

Name	Registration Number
Kevin E. Flynn	37,325
Caroline H. Rockafellow	36,552

 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all  
 business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

 Place Customer  
 Number Bar Code  
 Label here

OR

☐ Firm or  
 Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name Peter Franklin Hebert, Jr.

Signature *Peter Franklin Hebert, Jr.*

Date 5-Apr-2001

 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple  
 forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

 Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on  
 the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.